

**DEPARTMENT OF HEALTH & WELFARE
BUREAU OF LABORATORIES
RADIATION CONTROL PROGRAM
(208)334-2235
FAX: (208)334-2382**

For Office Use Only
Registration #:
Date Registered:

APPLICATION FOR REGISTRATION OF RADIATION SOURCE

In compliance with the provisions of the Idaho Radiation Control Rules IDAPA 16.02.27, the Department of Health & Welfare requires registration of all x-ray producing machines. Please notify the Department within ten (10) days of any change in the following information.

☐ New Registration ☐ Renewal ☐ Change of Information

Registrant (Owner/facility/hospital/etc):		
Address (include PO box and street address if applicable):		
City:	State:	Zip Code:
Telephone:		Fax #:
Radiation Safety Officer (person in charge of unit)		Telephone:
Type of Facility: <input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Private office <input type="checkbox"/> Other		
Type of Practice: <input type="checkbox"/> Dental <input type="checkbox"/> Medical <input type="checkbox"/> Podiatry <input type="checkbox"/> Veterinarian <input type="checkbox"/> Industrial <input type="checkbox"/> Academic <input type="checkbox"/> Other		
Workload:		
Number of exams each month =		

This is to certify that, to the best of my knowledge and belief, all information contained herein, including any supplements attached hereto, is true and correct.

Date: _____ Applicant: _____
(print)

(authorized signature)

(Title)

Registration does not imply approval or disapproval of installation. Registration does not indicate compliance with all Idaho regulations as applicable to radiation machines. Inspection reports should be kept as evidence of compliance.

Please mail the completed form to:

**Idaho Bureau of Laboratories
Radiation Control Program
2220 Old Penitentiary Road
Boise ID 83712**

*****LISTING OF MACHINES ON BACK OF FORM*****